

APPLICATION FOR EXEMPTION OF REAL ESTATE TAX James City County, Virginia

Date:		Map N	lo.:			
Owner:			Age: _	Birth	Date:	
Owner:			Age:	Age: Birth Date:		
Mailing Address: _						
Name of relatives/o	others also on s	subject property:				
Assets of owner(s) Real Estate other th						
Stocks, Bonds, and	Savings:					
Income of owner(s)		upants for year				
Applicant: Spouse: Other Occupants:	Salaries		Retirement	<u>Other</u>	<u>Interest</u>	
	ove named per	exemption from Real son(s) is correct. I ha				
Signature of owner	(s):					
Contact person/relation:			Phone ?	Phone No.:		
Commonwealth of County of James C						
Virginia, do hereby application, bearing personally appeared	certify that g date of the d before me, an	Public in and of the nd made oath that the nd Day of	, whose day of information furn	e name is signed ished therein is	ed to the foregoing true and correct:	

Return this form on or Before $\underline{June\ 1}$ of each year to: Richard W. Bradshaw

Commissioner of the Revenue P.O. Box 283 Williamsburg, VA 23187-0238 Phone: (757) 253-6695